

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE ◆ Secretary of State

SEPTEMBER 5, 2002

6246-069-5

BUZZ TELECOM 8380 LOUISIANA STREET MERRILLVILLE, IN 46410

RE BUZZ TELECOM, CORPORATION

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DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

APPLICATION FOR CERTIFICATE **BCA-13.15** 6246-0695 OF AUTHORITY TO TRANSACT BUSINESS SUBMIT IN DUPLICATE! **BUSINESS CORPORATION ACT** (Rev. Nov. 1999) Jesse White, Secretary of State retary of State Date Department of Business Services License Fee Springfield, IL 62756 Franchise Tax Telephone (217) 782-1834 SEP - 5 2002 Filing Fee www.cyberdriveillinois.com Penalties (Note 1) JESSE WHITE See Note 1 for payment Approved: SECRETARY OF STATE instructions THIS APPLICATION MUST BE ACCOMPANIED BY AN ORIGINALLY CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND ANY AMENDMENTS OR MERGERS, DULY AUTHENTICATED WITHIN THE LAST NINETY DAYS, BY THE PROPER OFFICER OF THE STATE OR COUNTRY OF DOMICILE. 1. (a) CORPORATE NAME: (Complete item 1 (b) only if the corporate name is not available in this state.) CP0581629 (b) ASSUMED CORPORATE NAME: (By electing this assumed name, the corporation hereby agrees NOT to use its corporate r transaction of business in Illinois. Form BCA 4.15 is attached.) 1 0 2002 State or Country of Incorporation 2. (a) Date of Incorporation: (b) DEPARTMENT OF (c) Period of Duration: TSINESS SERVICES Address of the principal office, wherever located: 3. (b) Address of principal office in Illinois: (If none, so state) Name and address of the registered agent and registered office in Illinois 4 Registered Agent: Last name Registered Office: ZIP Code County 5, States and countries in which it is admitted or qualified to transact business: (Include state of incorporation) 6. Name and residential addresses of officers and directors: No. & Street City State ZIP Name President Secretary Director Director Director

7 .	The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state POULUS ONG CONTINUE STATE (INTROCED ATTA) INTERSTATE (INTROCED ATTA) IN
8.	Authorized and issued shares: Number of Shares Number of Shares
	Class Series Par Value Authorized Issued
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	(If more, attach list)
9.	Paid-in Capital: \$ 10) 000
9 ,	("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)
10.	(a) Give an estimate of the total value of all the property* of the corporation for the following year: (b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ \(\ldot \) \(\ldot
11.	Interrogatories: (Important - this section must be completed.)
** 12.	(a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: (b) Is the corporation transacting business in this state at this time? (c) If the answer to item 11(b) is yes, state the exact date on which it commenced to transact business in Illinois: The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. If there are no duly authorized officers, then the persons designated by Section 1.10(b) (2) must sign below and type or print name and title. (All signatures must be in
	Dated

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.
- ** When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fees due upon qualification is \$100. Any additional fees will be billed.